



Community Link Worker Programme - Mental Health and Wellbeing Deep Dive

Final Report

30th November 2022

Prepared by:

Maša Mekina

Senior Public Health Information Analyst

Health Improvement Team

Public Health Directorate

NHS Greater Glasgow and Clyde

Gartnavel Royal Hospital

1055 Great Western Road, Glasgow, G12

0XH

Email: Mas.Mekina@ggc.scot.nhs.uk

Karen Conduit-Turner

Public Health registrar ST2

Public Health Directorate

NHS Tayside

Kings Cross

Clepington Rd, Dundee DD3 8EA

Email: Karen.Conduit-Turner@nhs.scot

Table of Contents

1. Introduction and objectives.....	4
2. Methodology.....	6
3. Results.....	6
4. Discussion.....	18
5. Conclusions	19
Appendix – CLW Programme – Mental Health and Wellbeing of Participants Survey	21

1. Introduction and objectives

This project reviewed the mental health and wellbeing workloads of Community Link Workers' (CLW) in Glasgow.

A Community Link Worker (CLW) is part of the GP practice team intended to support patients with a wide range of non-medical issues that may be affecting their health and wellbeing. This includes issues such as: money worries; housing; mental health and wellbeing; loneliness and isolation. CLWs connect people to a diverse range of services across Glasgow as well as offering tailored support and advocacy.

Glasgow's CLW Programme is a component of Glasgow City Health and Social Care Partnership's (HSCP) Primary Care Improvement Plan (Glasgow City Integration Joint Board, 2019). The service aims to tackle health inequalities and CLWs work in practices in areas of high deprivation. The CLW programme is a commissioned service delivered by the Health and Social Care Alliance Scotland and [We Are With You](#).

The programme aims to bridge the gap between General Practices and communities. As well as working directly with patients, CLWs keep practice staff up to date with what is going on in the community. This helps practice staff to signpost patients to relevant resources and services. CLWs also work with organisations within the local community to develop and promote services and supports that are already available as well as identifying any gaps in provision.

Mental health and wellbeing are among the most common reasons for referral to CLWs, and also one of the most frequent issues addressed with participants across the programme. CLWs have a role to support participants' self-management of mental health and wellbeing, and they also support people to address determinants of poor mental health and wellbeing.

CLWs are not employed to provide clinical interventions for mental health, but may refer onward for these. The impact of long waiting lists and declined referrals from specialist services can, at times, directly impact CLWs work. CLWs may also provide generalist social support to those with severe and enduring mental health conditions and with significant experience of trauma. This can pose a significant challenge in their day-to-day work.

In 2020/21 CLWs in Glasgow City had a 93% engagement rate, followed by 86% in 21/22 which although slightly lower remains excellent (Glasgow City Health and Social Care Partnership (HSCP), 2022). This reflects the trust patients have in this service. They undertook almost 25,000 appointments. As a result of COVID restrictions and CLWs working primarily from home during this time the majority of appointments were via telephone, though despite challenges some were face-to-face, including walk and talk appointments, where restrictions allowed and the need was identified.

The Short Warwick-Edinburgh Mental Wellbeing Scales (WEMWBS) survey as a marker of wellbeing at entry and exit of interaction with CLWs has been used by one of the services. Of those that completed the survey 73% saw a statistically significant improvement in their wellbeing score. This suggests the CLWs offer a valued service that has a measurable impact on mental health and wellbeing. However, it should be noted, that there is a low uptake in

terms of completion of the WEMWEBS survey so data only relates to a small number of patients.

It must be acknowledged that CLWs' case loads involve varying levels of complexity. This complexity can rarely be determined at referral. This leads to a need for flexibility in the timeline for involvement with consideration of individual needs being an essential part of health inequality, person-centred and trauma informed approaches.

Although some people only need support to understand their situation and can easily engage with onward referrals (one or two appointments), the majority of participants represent mid-complexity, requiring 4 or 5 appointments. Those with a higher level of complexity might have a number of distinct or interlinked issues to work through. These individuals require even more appointments, with no limit on the number available to them. This represents a significant advantage of the CLW role as they have the flexibility to respond to individual needs, and this is likely to result in trust and relationship building with service users, however it may limit the number of people who are able to engage with the service.

It is important to understand the scale at which these challenges/issues are being experienced so that our response is proportionate at a practice/ service/ locality/ city wide level. This will also allow us to learn from and inform future capacity, training and support requirements. Future development of Mental Wellbeing Hubs in the city will involve GP practices and CLWs. Having a clear understanding of the current responses by CLWs will support discussions about the role and its boundaries with other professional groups as these emerge.

The intended aim of the mental health deep dive was to better understand the scale at which mental health featured in appointments in a given time period, the range of issues that CLWs respond to in relation to mental health and wellbeing and associated issues and/or challenges for CLWs in relation to supporting this work.

Objectives

CLWs report that responding to mental health and wellbeing can pose a significant challenge in their day-to-day work.

Our objectives are:

- To understand the types of challenges faced by CLWs.
- To understand the scale at which these challenges/issues are being experienced
- To identify perceived gaps in skills mix or resources
- To identify barriers to accessing alternative/more suitable help than CLW service
- To consider solutions identified by CLWs themselves
- To gain a clear understanding of the current responses by CLWs in order to support discussions about the roles/ boundaries with other professional groups.

2. Methodology

This study used a cross-sectional design, and gathered data via a survey designed to give a snapshot of the workload of CLWs. This questionnaire was completed by seventy Community Link Workers for one full working week (either week commencing 16th May or week commencing 23rd May 2022). One survey response was completed for each appointment held during the week, respondents were asked to do this as immediately after the appointment as possible.

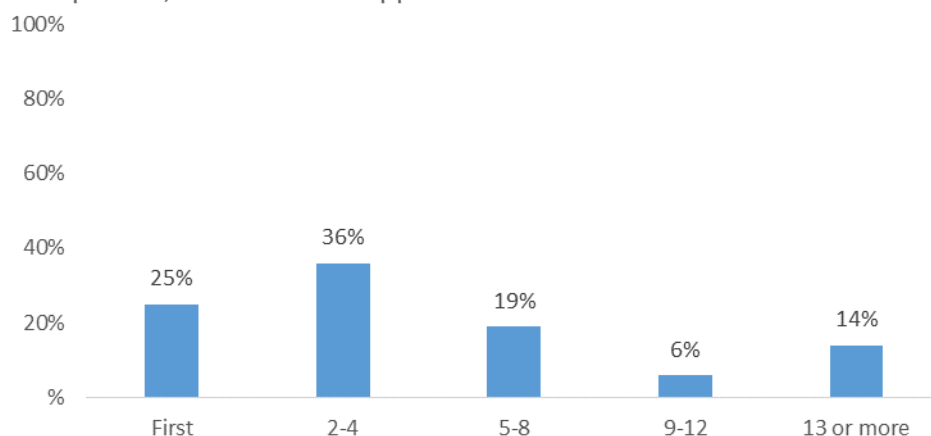
The data collected was predominantly quantitative, analysis of which was performed by a data analyst. Qualitative data was analysed by a Public Health registrar using Nvivo to identify themes and codes. Direct quotes were selected to support the qualitative findings.

3. Results

There was a total of 762 responses, each of which were completed as soon as possible following the appointment. The vast majority of responses were first template completions for an individual (90%), indicating that the vast majority of patients seen were only seen once during that time period.

The number of appointments the Community Link Workers had had with each patient in the past varied (Fig 1), with most responses indicating that this was their second, third or fourth appointment with the same patient (36%). It is notable that 39% of patients received five or more appointments which emphasises the ongoing and open door nature of the CLW relationship with clients.

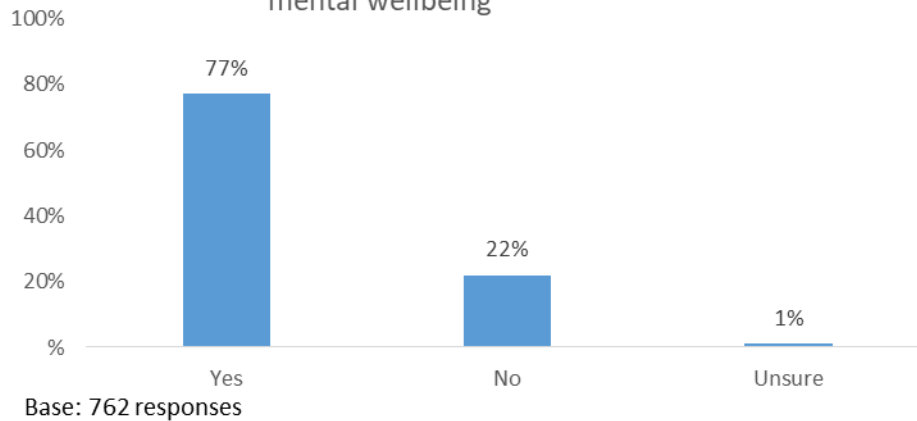
Fig 1: Thinking of your overall engagement with this patient, what number appointment is this?



Base: 762 responses

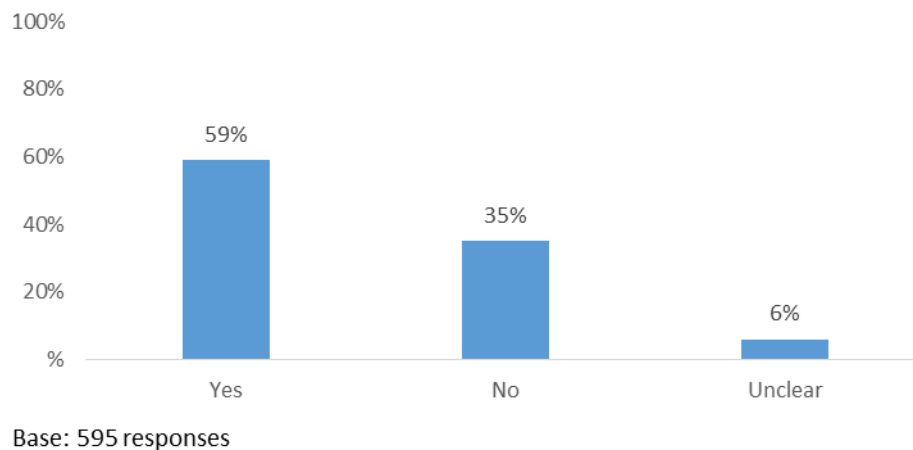
Most of the appointments (77%) were related to mental health and wellbeing related support (Fig 2). The remainder of the survey was completed only for those appointments that were related to this type of support (595 appointments).

Fig 2: In this appointment did you support the patient with anything related to their mental health, mental wellbeing or issues which are impacting on this patient's mental wellbeing



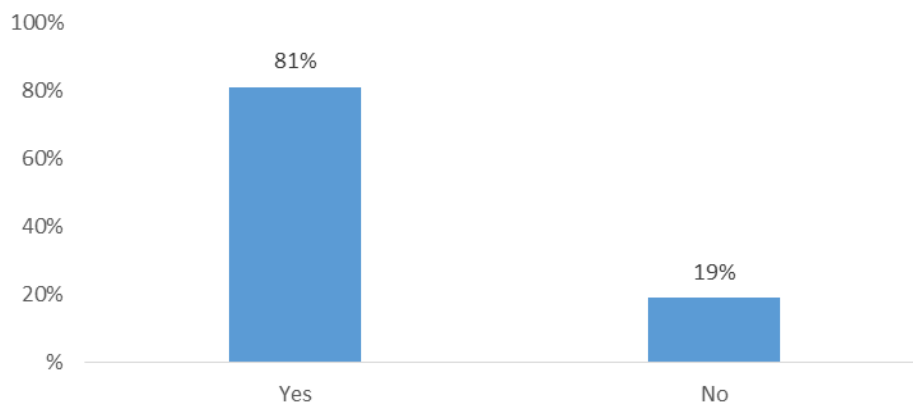
The reason for referral for majority of these appointments was primarily or explicitly related to the patient's mental health and wellbeing (59%, Fig 3).

Fig 3: Was the reason for referral primarily/explicitly to do with to the patient's mental health and wellbeing?



The vast majority of patients had identified mental and wellbeing issues which they wished to address (81%, Fig 4).

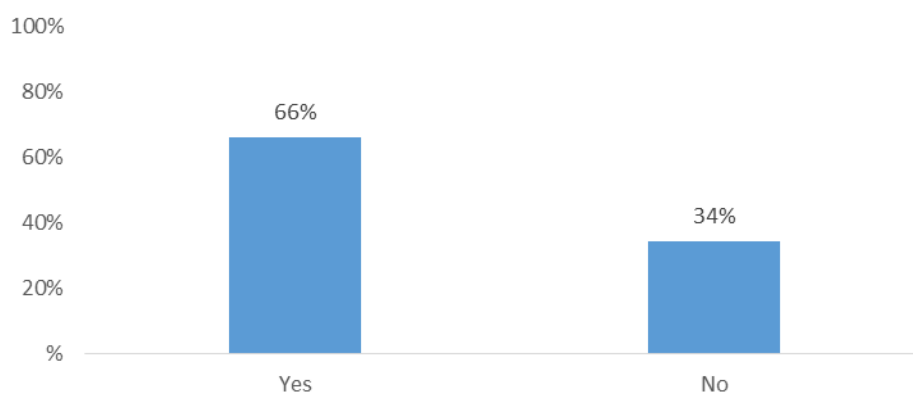
Fig 4: Has this patient identified mental health and wellbeing issue(s) which they wish to address?



Base: 594 responses

Of 114 patients who did not identify a mental health and wellbeing issue they wished to address, Community Link Workers stated that with 66% of these patients they still had to consider such an issue when determining the support provided (Fig 5).

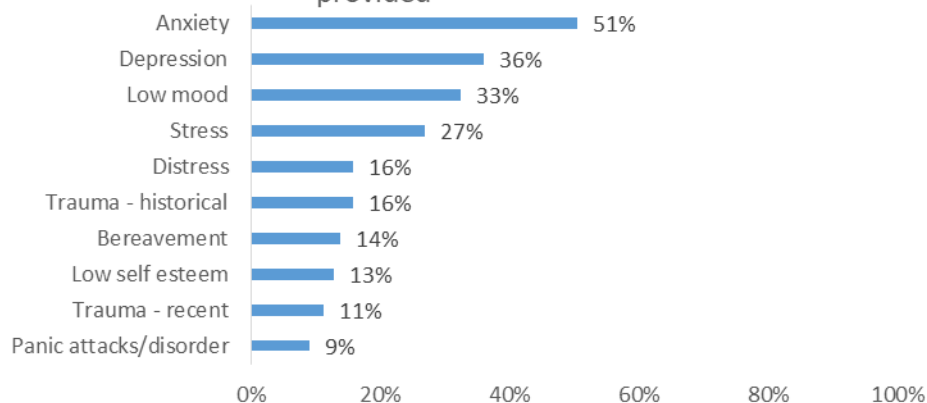
Fig 5: Are you aware of this patient having a mental health and wellbeing issue which they do not wish to address, but which needs to be considered?



Base: 114 responses

The issues that patients wished to address varied, however the top 10 issues can be seen in Fig 6 below. The most common issues patients wished to address were anxiety, depression, low mood and stress. Patients may have identified more than one issue.

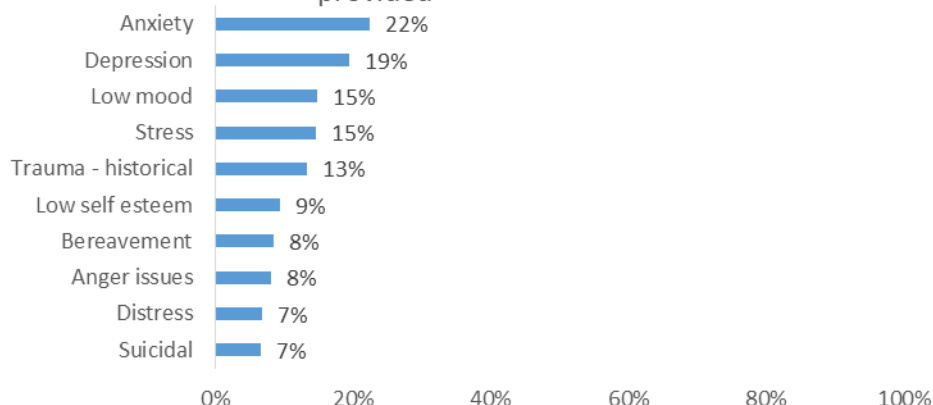
Fig 6: Top 10 issues the patient wished to address and that CLWs needed to consider when determining support provided



Base: 544 responses

The prevalence of issues that patients did not wish to address during the appointment, but that Community Link Workers needed to consider when determining support provided, was similar to the issues the patients did wish to address. As shown in Fig 7 below, anxiety, depression, low mood and stress were still the most common issues.

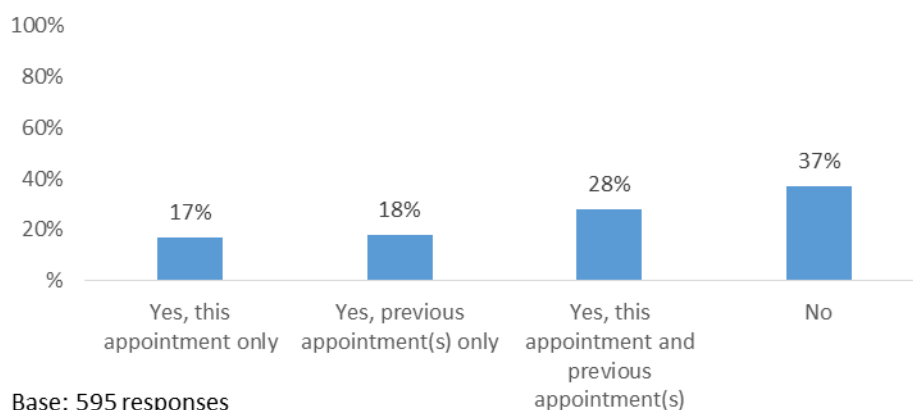
Fig 7: Top 10 issues patients did not wish to address, but that CLWs needed to consider when determining support provided



Base: 544 responses

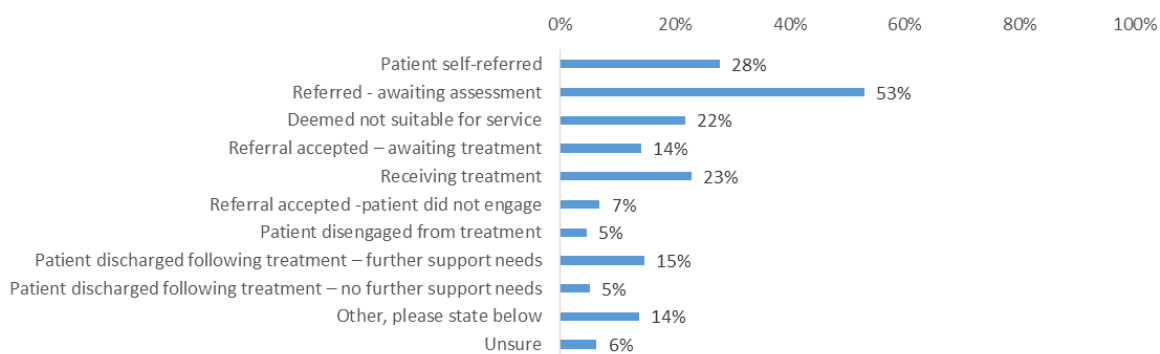
Of all appointments related to mental health or wellbeing support, 63% of appointments specifically covered the patient getting access to, or support or benefit from, Mental Health Services that they need either during the current appointment, previous appointment or both (Fig 8).

Fig 8: Did this or previous appointment specifically cover this patient getting the access to, or support or benefit from, Mental Health Service(s) that they need?



Of those who answered ‘Yes’ to the previous question, the majority of patients were at a stage in the referral process where they were referred and awaiting assessment (53%). This was followed by ‘self-referral’ (28%), ‘receiving treatment’ (23%) and ‘deemed not suitable for service’ (22%). As each patient may have been referred to or engaged with more than one service provider, they could be in multiple stages of the referral process at the same time (Fig 9).

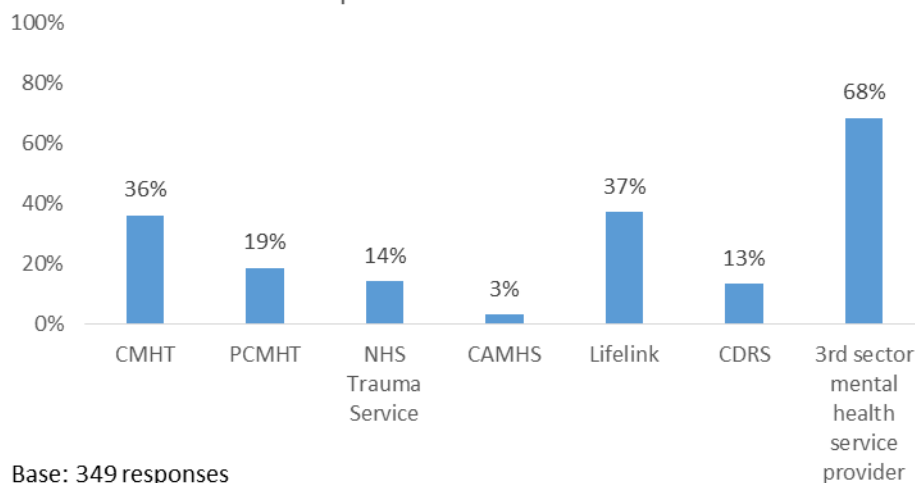
Fig 9: Proportion of patients engaged with MH service providers by referral stage



Of all patients who engaged with mental health services and their referral process, the greatest proportion (68%) were involved with third sector mental health service providers

(Fig 10). The lowest proportion of patients were engaged with the Child and Adolescent Mental Health services (CAMHS) (3%).

Fig 10: Proportion of patients engaged with each MH service provider

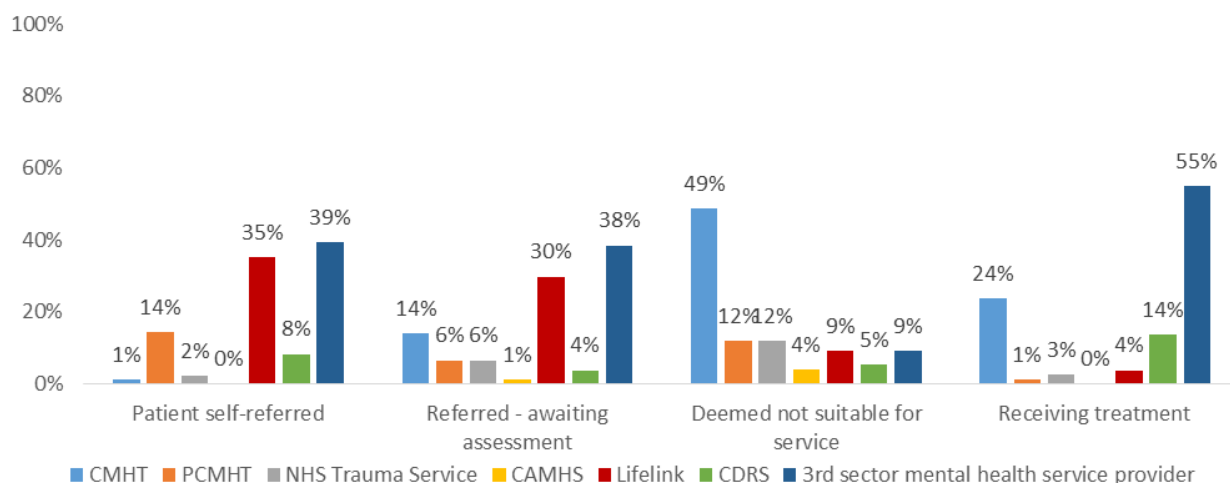


Of all patients at each separate stage of the referral process for all services, the third sector mental health service providers had the greatest proportion of patients in the following stages: those who were self-referred (39%), who were referred and awaiting assessment (38%), awaiting treatment (45%), receiving treatment (55%), did not engage with an accepted referral (25%) and patients who were discharged following treatment with further support needs (24%) (Fig 11, overleaf). (It should be noted that both Lifelink and CDRS – provided by GAMH – are also third sector mental health service providers but are recorded separately as they are commissioned to deliver services by Glasgow HSCP.)

The service provider with the second highest proportion of patients receiving treatment was Community Mental health Team (CMHT) (24%), while Lifelink was the service provider with the second highest proportion of patients at the stages of self-referral (35%) and referral & awaiting assessment (30%). It's important to note that a patient may be in more than one stage of referral if they had been referred to multiple services.

Of all patients who were deemed not suitable for service, the greatest proportion (49%) were those who were referred to CMHT, followed by the Primary Care Mental Health Team (PCMHT) (12%) and NHS Trauma Service (12%).

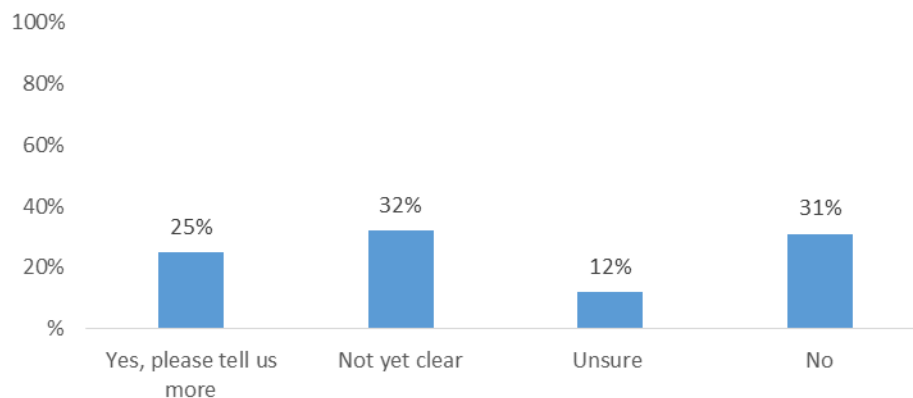
Fig 11: Proportion of patients in each stage of referral process by Mental Health Service provider



Base: 349 responses

Community Link Workers’ responses in relation to the question of whether the engagement with the patient has been longer than anticipated due to the processes within Mental Health Services varied significantly, with the greatest proportion stating it was not yet clear (32%), followed by ‘No’ (31%) and ‘Yes, please tell us more’ (25%) (Fig 12).

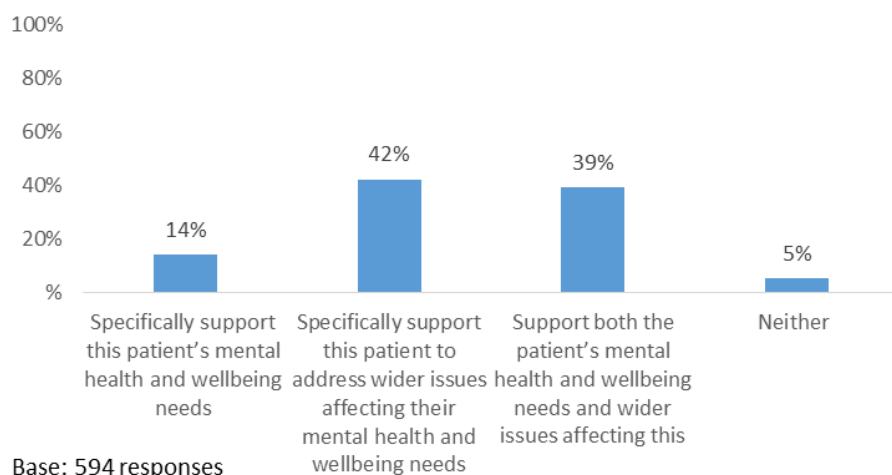
Fig 12: Do you think your engagement with this patient has been longer than anticipated due to the processes within Mental Health Services?



Base: 367 responses

The greatest proportion of Community Link Workers stated that during the current appointment, they specifically supported the patient to address wider issues affecting their mental health and wellbeing needs (42%), followed by supporting both the patient’s mental health and wellbeing needs as well as wider issues affecting this (39%) (Fig 13, overleaf).

Fig 13: In this appointment did you....



Community Link Workers undertook various types of work with the patients in order to address wider issues affecting their mental health and wellbeing. This was completed through discussion and agreement with the patient, including onward signposting and referral where appropriate.

Most of the work that was discussed and agreed with patients was in relation to linking to groups, activities and services (44%), followed by support with housing (30%), welfare and financial support (31%), support in distress (24%) and life structure (21%) (Fig 14).

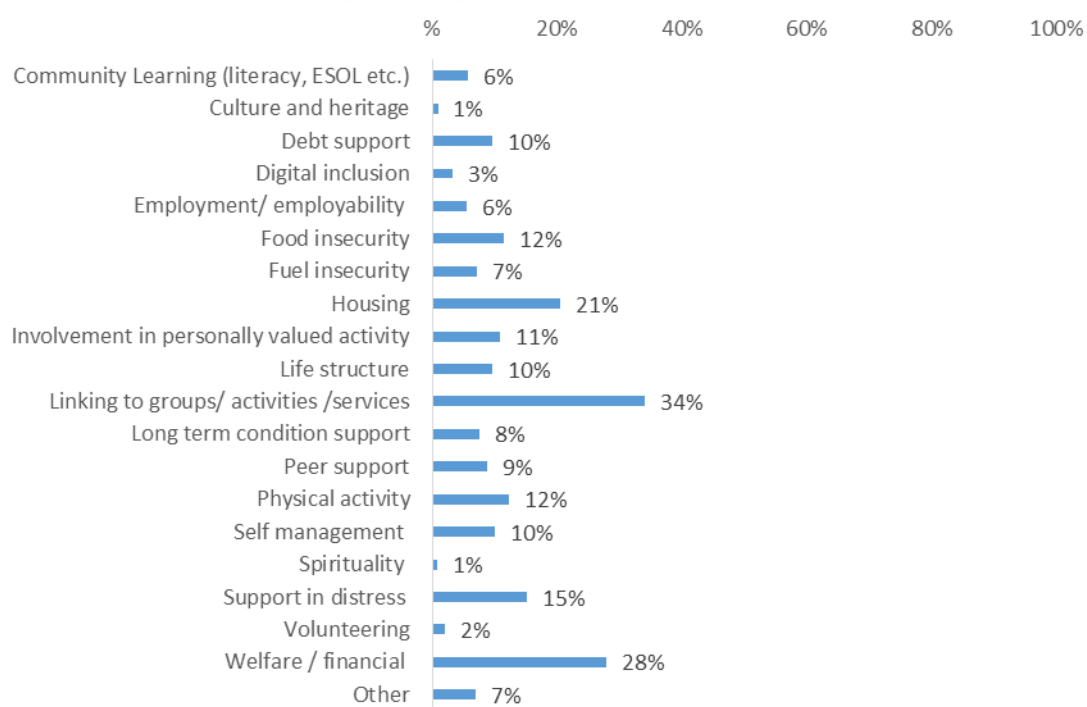
Fig 14: Please select all work you undertook with this patient to address issues affecting their mental health and wellbeing, by discussing and agreeing with patient



Base: 545 responses

By onward signposting and referral, most of this work was undertaken through the same types of support through discussion and agreement with the patient, such as linking to groups, activities and services (34%), followed by support with welfare and financial support (28%), housing support (21%), support in distress (15%) and life structure (10%) (Fig 15).

Fig 15: Please select all work you undertook with this patient to address issues affecting their mental health and wellbeing, by onward signposting and referral



Base: 545 responses

These findings were supported by the qualitative data. Whilst describing the specific support the service offers in greater detail, it was clear there was a wealth of different ways in which CLWs were able to help clients, highlighting the need for a diverse skill set. The most frequently referenced intervention was in the form of empathetic listening, for this, some well-respected techniques were noted including Cognitive Behavioural Approaches (CBA) and Motivational Interviewing, as well as advocacy related support.

A significant portion of the responses regarding current interventions referenced referring on to other services, which included various community groups and some self-help tools including online resources. In the vast majority of cases the CLW undertook the work of referring, thus removing another potential barrier for the client. There was also a significant workload related to welfare issues including general finance/benefits advice, food banks/voucher schemes and supporting with housing issues. This suggests that the CLW role is addressing the socio-economic issues and disparities the role was brought into tackle (Scottish Government, 2017).

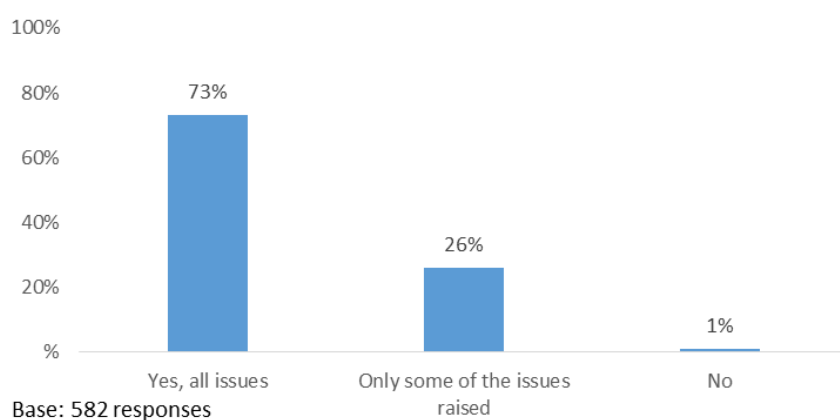
CLWs showed a clear focus on improving clients overall wellbeing through wellbeing plans such as supporting access to subsidised gym sessions or recommending specific physical

activities as well as offering to attend appointments or meetings with the client or arranging sessions to offer in person support in order to ensure activities took place. Furthermore, there were references suggesting they bridged gaps where there was a lack of familial or state support as demonstrated by this quote:

“Individual is extremely hesitant to additional supports however does require emotional support - family do not live nearby. I am currently supporting with this and trying to encourage individual to accept additional help”.

The majority of Community Link Workers stated they felt equipped to respond to the mental health and wellbeing issues raised by the patient (73%), with 26% stating they felt equipped to respond to only some of the issues raised, and only 1% stating they did not feel equipped to respond to these issues.

Fig 16: Did you feel equipped to respond to the mental health and wellbeing issues raised by this patient



The quantitative data strongly suggests that the CLWs felt able to manage most of the cases they were seeing and this is reflected in the qualitative feedback too. However, when given the opportunity to expand on some of the issues they faced, the CLWs were able to identify a number of areas they felt less well equipped to manage. The severe and enduring nature of the Mental Health issues some patients were experiencing was most frequently referenced in the feedback. For example,

“Mental health i.e. clearly needs more intensive support. I can refer but person clearly needs very tailored and specific support.”

Although not in high numbers, for each question there were three or four references made to those with Personality Disorder diagnoses or suspected diagnoses, in terms of feeling ill-equipped. The following quote highlights some of these concerns:

“Borderline Personality disorder. I have attended a days training on BPD however although I understand more, it does not equip me to work further with this individual, although I have worked with maintaining trust and relationship in order to try to make progress, I have felt at times I am trying to provide a service I am not trained and equipped to do. However he

attended with myself almost as a last resort. The GP had referred him as having been through CMH[T]”.

Delays and a lack of available onward support also featured highly in responses regarding feeling ill-equipped to manage. Related to this particular area of concern Trauma was commonly referenced and Asylum related issues also represented a significant issue.

Examples included:

“Services for asylum seekers are very limited so it is difficult to get them the support that they need/want to help improve their health and wellbeing whilst navigating through the asylum process. This results in mental health declining further”

and

“A lot of asylum seekers that come here without the Home Office's support could easily find themselves homeless. What can be done for people not wishing to be relocated to temporary accommodation in England? The current process is adding more stress and anxiety to people that have already suffered a lot in the past”.

Another area that featured in a small but significant number of responses was that some CLWs felt less confident about giving benefits/financial advice. This may reflect the skills mix of the CLWs as although responses in Figures 14 &15 indicate that the majority of CLWs are discussing benefits or financial advice, there were a few CLWs who identified this as an area where they lacked confidence. There is high (and increasing) demand for this type of support which can mean that it can be difficult to access in a timely manner. It should be noted the CLWs are not expected to give benefits/financial advice and that clear referral pathways are in place for services qualified to provide this role (e.g. the Financial Inclusion services and the Welfare Advice in Health Partnership service within a number of GP practices.)

In addition, a small number of references were made to feeling ill-equipped to manage patient anger issues and patients with physical health concerns, which may suggest inappropriate or inexact use of the referrals or misunderstandings from patients or colleagues about what would be an appropriate use of the CLW resource.

Issues related to safeguarding were highlighted in a very small number of references, however due to the significance of this area, it is something that is likely to need further feedback from CLWs and may be an area for further consideration.

“Anger (not directed at me), Suspected to be a victim of sex trafficking. Challenging to support patient, when also protecting her.”

“Also experiencing harassment. Whilst I could liaise with police, this is out with my control in terms of further actions”.

CLWs were then given an opportunity to give additional information related to the challenges they face. In this section the severity and enduring nature of mental health problems was again frequently mentioned, as was the complexity of cases, including that

most cases had multiple issues the CLW was assisting with. Signs of frustration were evident in a notable proportion of references for example:

“I feel, as does the patient, like the only person out there willing and able to listen. But I also feel incapable of providing the deep support she desperately needs beyond the basic emotional and practical support I can offer. Only so much offloading of trauma can be done before it becomes frustrating for the patient when faced with unqualified support”

“the asylum process seemed to have an effect on the families mental health. Long time in the system without a decision has a huge long term effect on the whole family. Added to it the language barrier makes it very difficult and lots of time used”.

This is a key point to recognise, as this identifies a need for support by CLWs to manage these feelings in order to maintain their empathy and avoid burnout.

When asked to identify challenges or barriers to accessing support for mental health and wellbeing, common issues identified included communication problems. This included language barriers, impairments of hearing or speech and literacy issues:

“we were unable to communicate via the BSL Contact Scotland app, but were able to communicate via text, patient was frustrated.”

There were also barriers to accessing the CLWs due to lack of digital access or digital literacy; financial and work barriers to attending appointments; and carer responsibilities.

The commonest barrier CLWs highlighted was the delay in patients accessing services, which could be due to long waiting lists or rejected referrals. The current data shows that compared to the national standard that 90% of patients should be seen within 18 weeks for psychological services, only (81.4%) are being seen within that timeframe (Public Health Scotland, 2022). This figure can be even lower for specialist mental health services. At a GGC level in the most recently recorded quarter (Apr-Jun 2022) 84.5% of 4405 patients were seen within 18 weeks, with 10.9% waiting 19-35 weeks, 3.4% waiting 36-52 weeks and 1.1% waiting over a year for an appointment (Public Health Scotland, 2022). This puts additional stress on the CLW service but also highlights the importance of having a bridge in these difficult times and that the CLW service is filling this support gap.

There were also common references to patients having engagement or distrust issues:

“He was mis-trusting of services. Initially was difficult to engage”.

On a positive note this suggests rapport has enabled engagement with patients that others have struggled to reach or would not have the time to continue pursuing:

“Will ask for help but I think then struggles to commit to actions. Overwhelmed. I've found after initial consultations will not answer phone. Tried today though and he agreed to home visit”.

The final section of the survey allowed CLWs to reflect on things that could help them in their roles and these mirrored the areas of concern raised in the previous questions. In order of frequencies these included: better access to specialist services, predominantly

mental health services; direct access to benefits such as bus and gym passes; a Multi-Disciplinary Team (MDT) approach and debriefing. In terms of specific training there were requests for the following: Mental Health tools, trauma, asylum, safeguarding, anger management, housing/benefits and suicide. One reference was made to professional guidance with no further details, it is unclear if this is referring to overarching guidance on professional standards or specific guidance on how to manage conditions and would benefit from further consultation with CLWs. (It should be noted that there is a comprehensive training and development programme provided for CLWs covering the areas identified as well as many others. It may be that some staff have been unable to attend some of these sessions depending on when they took up post and when training has been available).

4. Discussion

CLWs are providing ongoing support to people who are experiencing poor mental health and other complex life challenges. Fig 1. shows that 39% of patients received five or more appointments. This emphasises the ongoing nature of the relationship between CLWs and their clients. It also highlights the value of an open door service with the option for longer term interaction that is unlikely to be available from other health care services. The qualitative data suggests that this helps to build trust and relationships even in those who have struggled with mistrust of health services. This is necessary to help deal with the complexity and enduring nature of some of the issues they encounter. The support with engagement the CLWs also offer appears to allow them to help with long term entrenched issues which take time and trust to support. These roles are therefore fulfilling a need which is not being met by other services.

The results in figures 9-11, which are also well supported by the qualitative findings, demonstrates that CLWs are providing pre-service support, post-service support, support for those who don't meet service thresholds (rejected referrals) and support to those who disengage with services. They are providing support to help people engage with mental health support and again plugging a gap that others cannot/are not filling. A potential follow up step would be to review the prevalence of 'did not attend' (DNAs) with support services based on overall averages vs from referrals initiated by a CLW. Research into this avenue may further showcase the value of engaging this support as a factor for the success of the downstream services.

Fig 14 clearly identifies the stressors that are affecting people's mental health & wellbeing, unsurprisingly these include housing & finance which are key social determinants of mental health. Many of the services users are not just experiencing one of these issues, but identifying multiple stressors which again speaks to the complexity of the cases the CLWs are managing. One of the most valuable facets of the role CLWs play is not in making token referrals to other services, which would be akin to having a poster in a reception area, but rather in signposting them to the RIGHT support to help them as individuals and furthermore in guiding and supporting people to attend.

Although the majority feel equipped to deal with the issues they are faced with, there are some identified areas of concern including the complexity of some severe & enduring mental health issues. Often they feel these cases should be having specialist support but are not accessing this either through waiting lists, rejected referrals or disengagement. It's clear

they should not be dealing with such issues alone, however, the challenge is that often these patients have no-one else. This is an issue that needs to be addressed. The responses also suggest there is some variation in training needs across the CLWs. Consideration should be given as to how ongoing training needs can be identified, including newly emerging issues, and addressed through the professional development structures for CLWs. This would support increased confidence in managing commonly accessed areas of support, or based on CLW teams' identified knowledge gaps.

It is clear that CLWs are dealing with a great deal of challenging and complex issues, which can be frustrating and, at times, there are perhaps blurred lines as to what is within their remit and where they might be stepping beyond the level of support they should be providing, because there is no one else to fall back to. This suggests that that they may benefit from more clearly defined boundaries as well as professional support and regular debriefing with senior colleagues. This approach would not only better support CLW team members, but also serve the purpose of ensuring clients with unsupported needs receive appropriate follow-up.

5. Conclusions

The evidence presented from this exploratory work indicates that there is an undoubted need for Community Link Workers' provision of support in relation to patients' mental health and wellbeing, with the vast majority of patients that were seen primarily and explicitly requiring support in regards to this. Although Community Link Workers supported patients with a range of mental health and wellbeing issues, the most common issues that patients wished to address were anxiety, depression, low mood and stress. CLWs needed to consider these issues when determining the support provided, even when patients did not wish to address these during the appointment. The needs from clients are wide-ranging with other issues including distress, historical or recent trauma, bereavement, low self-esteem, panic attacks, feeling suicidal and anger issues. The role CLWs play in managing and alleviating some of this expressed need is supportive for patients and is something that other services often do not have time to do.

All of this needs to take into account patients' overall life circumstances, many of which are the root or contributing cause to poor mental health. Most people presenting with mental health needs have a variety of other issues that they need support with and the CLWs play a crucial role in supporting patients to access a broad range of supports and services, not just those explicitly related to mental health. (There will be times when the CLW needs to go back to the GP if referral to particular services is seen as required e.g. CMHT. However, they can and do signpost or refer directly to a range of other mental health supports & services as appropriate.)

High demands for services, in some cases leading to longer waiting times, mean that patients may not be seen quickly and the referral criteria for other services, means that patients may have needs but cannot access a service to support them. The CLWs will do their best to connect people to broader community supports where appropriate. Managing

expectations around this may be a challenge for referrers, CLWs and patients as the CLW role may be seen as somewhere to direct patients when nothing else is available.

Most of the support provided by Community Link Workers during these appointments in the timeframe of this deep dive specifically helped patients address wider issues affecting their mental health and wellbeing needs, as well as supporting both the patient's mental health and wellbeing needs. In order to do this, CLWs helped patients with linking to groups, activities and services, support in distress, as well as providing them with support around housing, welfare and financial issues.

Community Link Workers had varied opinions on whether their engagement with the patient has been longer than anticipated due to the processes within Mental Health Services, with the greatest proportion stating it was not yet clear, followed by 'No'. The majority of CLWs stated they felt equipped to respond to the mental health and wellbeing issues raised by the patient, with less than a third stating they felt equipped to respond to only some of the mental health and wellbeing issues raised. This is supported in the generally positive findings in the qualitative data. The areas in which they felt less equipped to manage tend to reflect systemic pressures on downstream mental health services.

Survey responses indicate that the service provided by Community Link Workers has been beneficial to patients, by enabling them to both access support for their mental health and wellbeing needs, as well as address wider issues which have a negative impact on their mental health and wellbeing.

Appendix – CLW Programme – Mental Health and Wellbeing of Participants Survey

Guidance:

- CLWs should complete this deep dive for one full working week. Either week commencing 16th May or week commencing 23rd May. We understand CLWs may have other activities in their diary during the week.
- One survey response should be completed for each appointment held during the week of this deep dive (this will enable us to make inferences about the presence of mental health and wellbeing issues in CLWs caseload).
- Please complete in ‘real time’: either straight after appointment or on the same day.
- Please complete as fully as possible, but **do not include** patient identifiable data (name, DOB, address etc.).
- We ask for the date/time of the appointment, this will only be used to enable you to identify the participant should we wish to further understand a case example.
- The findings will be anonymised and the lowest level of reporting that may be used is cluster level (where there are 3 or more practices with a CLW), with the exception of case examples which will be discussed with you and service managers in advance of inclusion in report.
- We recognise that completion of this deep dive will slightly reduce the number of appointments you will be able to hold during this two week period.
- Your colleagues who tested and improved this template reported that it took between 5 and 12minutes to complete

Basic Information

CLW/ CLP Name – [open field](#)

Practice code (please ensure this is the practice code the patient is registered with if you work across two practices) – [open field](#)

Date (DD/MM) of appointment - [open field](#)

Time of appointment - [open field](#)

Is this the first completion of this template for this patient?

[Yes](#)

No, second

No, third or more

Thinking of your overall engagement with this patient, what number appointment is this? –

First, 2-4, 5-8, 9-12, 13+

In this appointment did you support the patient with anything related to

- **Their mental health**
- **Their mental wellbeing**
- **Issues which are impacting on this patient's mental wellbeing** (the determinants of mental wellbeing e.g. money worries, isolation, boredom, living with a long-term condition etc. - for example, the patient is worried about money, which is causing them stress, they do not wish to address 'stress' directly at this appointment, but wish to address the money worry)

Responses - Yes / No / Unsure (if no - end survey)

Was the reason for referral primarily/explicitly to do with to the patient's mental health and wellbeing?

Yes

No

Unclear

Has this patient identified mental health and wellbeing issue(s) which they wish to address? (This question will help us to understand the proportion of people seeking support from CLWs in relation to MH and MWB)

Yes - skip next question

No

Are you aware of this patient having a mental health and wellbeing issue which they do not wish to address, but which you need to consider when determining the support provided (this could be by your observation or knowledge of diagnosis)?

Yes

No – If no logic skip question about MH/MWB issues present

Please tell us **which** mental health and wellbeing issues:

- this patient wishes to address
and / or (as appropriate)
- they do not wish to address, but which you need to consider when determining the support provided

Responses to this question should be based on your best knowledge when you are completing the form. There is no expectation that you would carry out any further review of medical records to determine your response here.

Please tick all that apply:

	Issue wishes to address	Issue you need to consider
Anger issues		
Anxiety		
Bereavement		
Bipolar		
Depression		
Distress		
Dual diagnosis – substance use and mental health condition		
Eating disorder		
Hoarding		
Low mood		
Low self esteem		
OCD		
Panic attacks/disorder		
Personality disorder		
Phobias		
Psychosis		
PTSD		

Schizophrenia		
Seasonal Affective Disorder		
Self-harm		
Sleep disorders		
Stress		
Substance misuse (harmful)		
Substance misuse (addiction)		
Suicidal		
Trauma – domestic violence		
Trauma - recent		
Trauma - historical		
Unsure of diagnosis/ issue		
Other, please state below		

If you selected other – please describe here – [open text](#)

Did this appointment or previous appointments with this patient specifically cover this patient getting the access to, or support or benefit from, Mental Health service(s) that they need?

By Mental Health services we mean statutory and third sector mental health intervention/support

[Yes, this appointment only](#)

[Yes, previous appointments only -](#)

[Yes, this appointment and previous appointments](#)

[No logic skip questions relating to MH Service needs](#)

Thinking about this patient getting access to, or support or benefit from, Mental Health service(s) that they need, please select all that are applicable to your patient’s engagement with services. [multi-selection matrix question type](#)

Responses to this question should be based on your best knowledge when you are completing the template. There is no expectation that you would carry out any further review of medical records to determine your response here.

REFERRAL STATUS	CMHT	PCMHT	NHS Trauma Service	Lifelink	CAMHS	CDRS	3rd sector mental health service provider (1)	3rd sector mental health service provider (2)
Patient self-referred								
Referred - awaiting assessment								
Deemed not suitable for service								
Referral accepted – awaiting treatment								
Receiving treatment								
Referral accepted -patient did not engage								
Patient disengaged from treatment								
Patient discharged following treatment – further support needs								
Patient discharged following treatment – no further support needs								
Other, please state below								
Unsure								

If you identified Third Sector Mental health service (1) please tell us which service – [open text](#)

If you identified Third Sector Mental health service (2) please tell us which service – [open text](#)

If you identified ‘Other’ referral status, please describe – [open text](#)

Do you think your engagement with this patient has been longer than anticipated due to the processes within Mental Health Services? (for example, delayed assessment resulting in additional appointments for emotional support only)

[Yes](#)

[No](#)

[Not yet clear](#)

[Unsure](#)

In this appointment did you... (tick all that apply)

This should exclude work outlined specifically in relation to Mental Health services, but can include other support offered in the same appointment

[Specifically support this patient’s mental health and wellbeing needs](#)

[Specifically support this patient to address wider issues affecting their mental health and wellbeing needs?](#)

[Both patient’s mental health and wellbeing needs and wider issues affecting this](#)

[Neither -logic skip questions relating to patient mental wellbeing needs](#)

Thinking about the specific support you provided to this patient in relation to their mental health and wellbeing needs, please tell us which approaches and/or resources you used in this and previous appointments with this patient– [open text](#)

Thinking about the work you undertook with this patient to address issues affecting their mental health and wellbeing, please select all that are applicable:

(Please note these headings have been adapted from the Mental Wellbeing Model for Primary Care in Glasgow.)

Issue addressed	Discussed and agreed with patient	Onward signpost/referral
Linking to groups/ activities /services		
Physical activity		
Life structure		
Involvement in personally valued activity		
Peer support		
Self management		
Spirituality		
Volunteering		
Community Learning (including literacy and ESOL)		
Digital inclusion		
Culture and heritage		
Support in distress		
Welfare / financial		
Food insecurity		
Fuel insecurity		
Employment/ employability		
Housing		
Other		

If other please state – [open text](#)

If there are specific challenges for this patient to access, receive support, or benefit from mental health service or wellbeing supports, please briefly describe here (if this is a second/subsequent appointment with this patient during this ‘Deep Dive’ only complete this section if issues arose in today’s appointment). For example, challenges relating to learning disability, neuro-diversity such as ADHD, dementia, English not as first language etc. [open text](#)

Is there anything additional you wish to highlight in relation to this appointment/ patient's mental health and wellbeing needs? [open text](#)

Did you feel equipped to respond to the mental health and wellbeing issues raised by this patient

[Yes - all issues – end survey](#)

[Only some of the issues raised](#)

[No](#)

Tell us which issues you did not feel equipped to respond to

[Open text](#)

What would help you feel equipped to respond to this issue(s) in the future?

[Open text](#)

THANKS FOR COMPLETING

We will be undertaking a follow-up survey with CLWs to gather any experiences that you wish to share that you have not had the opportunity to highlight during this Deep Dive.

In the follow-up survey we will give you a chance to share any other experiences which you think we should know about. We will ask you for your views on the improvements and changes which you would like to see. We will also ask about any additional approaches, tools, training or support you feel would be useful to you in your CLW role.